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# Harm Reduction as a Policy Analytic Framework



## Presentation to IOM Committee

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# Simple Analytics

- Total Harm = Use \* Average Harm = Prevalence \* Intensity\* Harmfulness
- Harm reduction useful concept when:
  - Harmfulness reduces prevalence, intensity
  - Harmfulness can be manipulated
- Trivial when harm and use unrelated
  - e.g. mandatory seat belt use in planes
- Goal; minimize total harm

# Other concepts of HR widely used

- Micro-harm reduction
  - any action that reduces harmfulness
  - e.g., automobile controls that prevent ignition without breathalyzer test
- Any goal other than abstinence
  - British “sensible drinking” quantity limits?

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# U.S. Drug Policy: Use Reduction



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# Dutch Drug Policy: Harm Reduction

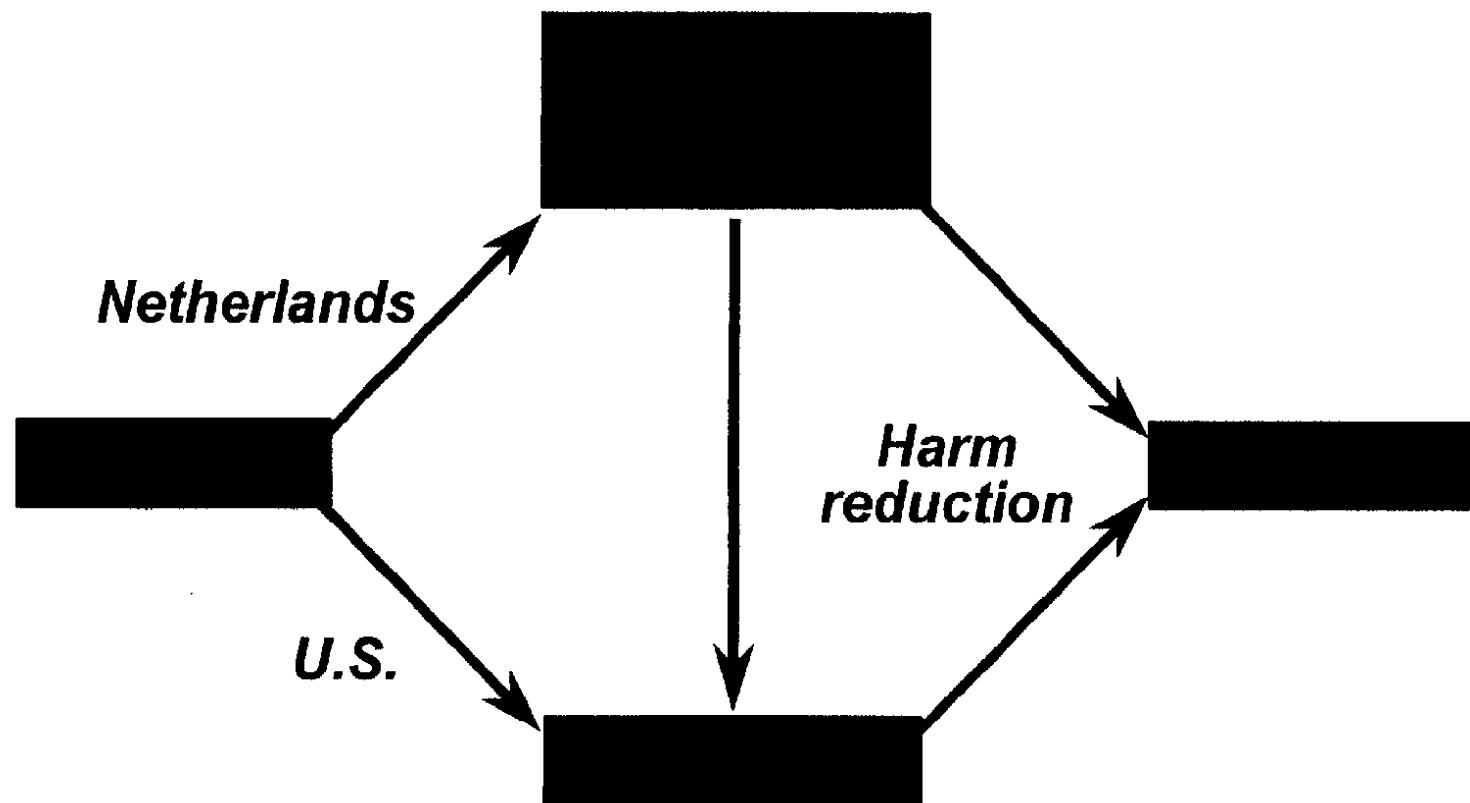


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• Goal Should Be to Integrate  
Harm and Use Reduction



- Harm reduction provides a goal, not a policy
  - Tough rules may be harm minimizing
  - Hawks emphasize use as a harm itself
    - reformers give minimal role to use
  - Other normative issues play a role
    - Harm reduction may be only one goal

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• Harm reduction widely used, rarely articulated

- Mandatory air bags, seat belts
  - faster driving, more accidents but total damage lowered
- Explicit for alcohol
  - controlled drinking controversy
- Most prominent applications in drug policy
  - e.g. needle exchange, heroin maintenance
- How to balance trade-offs over time and across parties?

- How can harmfulness can be reduced?

- Product characteristics
  - potency, size of containers (e.g. 40 oz. beer cans)
- Conditions of access
  - alcohol store operating hours
- Conditions of use
  - safe injecting rooms
- Information campaigns
  - safe drinking practices

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# What harm is being reduced?

- Many kinds of potential harms
  - health
  - crime
  - social functioning
  - civility
- Difficult to monetize or aggregate
- Frequently trade-offs among different types
  - Repeal reduced crime, increased health problems

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## Harm to whom?

- Social welfare a strained concept
  - not clear whom to include or how to weight their interests
- Heterogeneity of effects
  - health effects borne primarily by user
  - crime effects primarily by others
- Difference between assumption and imposition of risk
  - should harms to users be given a lesser weight?

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• Many applications in alcohol control

- Early morning opening of Bowery liquor stores
  - intended to reduce consumption of more dangerous substitutes
  - may increase local disorder
- Non-shattering containers in bars
  - makes fights safer, perhaps generating more
  - any effect on drinking?

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## Empirical Objections to Harm Reduction

- Interventions rarely achieve their aim
  - homeostasis or worse
- Evaluations often weak
  - hard to detect long-term effects
  - e.g. initiation response may have long lag
- Clearer theoretical base to use reduction
  - unless use reduction increases harmfulness

# Normative Objections to Harm Reduction

- “Sends the wrong signal”
  - society benefits from clarity of laws
- HR frequently involves normative conflicts
  - e.g. condom distribution in prisons or schools contradicts sexual abstinence message
- No evidence useful
  - many adverse effects very distant from intervention

# When is harm reduction a useful framework?

- Few types of adverse consequences
- Distribution of harms not concentrated
- Underlying activity not morally controversial
- Seems relevant to tobacco
  - Less variegated harms
  - Policy itself not a source of harms
  - Nicotine consumption itself not yet stigmatized